

SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE
Graduate Medical Education Policies and Procedures

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 1 of 9

I. Orientation

Housestaff Orientation is held in the Learning Resources Center at Saint Louis University Health Sciences Center two weeks prior to July 1 of each year. Organization of the orientation program is the responsibility of the Associate Dean for Graduate Medical Education of the School of Medicine in coordination with the Office of Human Resources of the Health Sciences Center, Program Directors, and major affiliated teaching hospitals.

II. Evaluation and Record Keeping for Residents

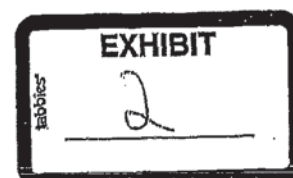
1. Supervision

The level and method of **supervision** for residents in each program is the responsibility of the program director and must be consistent with the Institutional and Program Requirements for that program as specified by the ACGME. Guidelines for supervision pertaining specifically to Saint Louis University School of Medicine are found in the University's Compliance Program and Medicare's Rules for the Teaching Physician.

It is recognized that residents have differing levels of training and maturity in the same training program as well as in the levels of general and specialty training in different disciplines. It is incumbent upon the supervising attending physician to have certain knowledge of the skills, prior experience and capability of the individual resident in order to determine the specific degree of supervision required. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

In the supervision of resident patient management, attending physicians should:

- a. carefully and directly scrutinize all resident historical and physical examination information and other clinical documentation for accuracy and completeness;
- b. know and approve of, either directly or by care patterns, all diagnostic tests ordered by the resident;
- c. assure the proper quality of the management of the patient including the transmittal of information by the resident
- d. with direct supervision immediately available the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Director Supervision;



Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 2 of 9

- e. with indirect supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision; or
- f. with oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

2. Guidelines for Resident Work Hours

Graduate medical education requires a commitment to continuity of patient care. Physicians in training must recognize that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. In no case should the resident be absented until proper care and welfare of the patient have been ensured. The program director must ensure assignment and reasonable hours. On-call rooms (not necessarily single rooms but arranged to permit adequate rest and privacy) must be available. There should be adequate backup so that patient care is not jeopardized during or following assigned hours.

With the foregoing guidelines each specialty is expected to recognize and follow the following common accreditation standards:

- Residents must not be scheduled for more than 80 duty hours per week, averaged over a four-week period, with the provision that individual programs may apply to the Graduate Medical Education Committee (GMEC) for an increase in this limit of up to 10 percent, if they can provide a sound educational rationale;
- One day in seven free of patient care responsibilities, averaged over a four-week period. At-home call cannot be assigned on these free days;
- Call no more frequently than every third night, averaged over a fourweek period;
- Duty periods of PGY-1 residents will not exceed 16 hours in duration;
- A 24-hour limit on on-call duty, with an added period of up to 4 hours for continuity and transfer of care, educational debriefing and didactic activities; no new patients may be accepted after 24 hours;
- Residents will have at least 14 hours free of duty after 24 hours of in-house duty;

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 3 of 9,

- A 10-hour minimum rest period should be provided between duty periods;
- Residents will not be scheduled for more than 6 consecutive nights of night float; and
- When residents take call from home and are called into the hospital, the time spent in the hospital must be counted toward the weekly duty hour limit.

3. **Evaluation**

Residents evaluation is to be done at least quarterly in each residency program. Each department/program director is responsible for developing and implementing a system to evaluate the knowledge, skills and professional growth of residents, using defined criteria, that meet or exceed ACGME and specialty board standards utilizing input from faculty supervisors and other appropriate personnel.

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include: use of dependable measures to assess residents' competence in patient care, medical knowledge, practicebased learning and improvement, interpersonal and communication skills, professionalism, and systems based practice; mechanisms for providing regular and timely performance feedback to residents; and a process involving use of assessment results to achieve progressive improvements in residents' competence and performance.

Departmental deliberations concerning the performance of individual residents should be confidential. Residents must participate on a regular basis in the evaluation of the quality of education provided in the program. Discussions concerning the residency program should be periodically reflected in department minutes.

4. **Records**

Each program director or his designee is responsible for apprising each resident of the assessment of his/her performance and **to maintain a record of the evaluations** for each resident. This record should be accessible to the resident. The resident is expected to co-sign each evaluation to indicate that he/she has received it and discussed it with his/her program director. Concerns about unsatisfactory performance should be communicated in writing to the resident as soon as possible during the academic year with suggestions for improvement. The resident will be provided an opportunity to present his/her side of the issue.

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 4 of 9

5. Advancement

Positions of higher responsibility for residents are to be given only upon the basis of evaluation of readiness for advancement. This assessment/evaluation is to be carried out by a clearly defined method in each residency program. Rotational and year level goals and objectives are designed to help residents meet the specialty and/or subspecialty Board requirements. Most member Boards of the American Board of Medical Specialties specify the months and type of meaningful patient care that must be successfully completed. Educational remediation and/or leave greater than that amount specified in Resident's Letter of Appointment will result in an extension in training at any PGY level, and a delay in advancement. Each Program should assure that their residents are familiar with the appropriate Board Requirements, and provide them a written policy consistent with their RRC Program Requirements regarding the effects of educational delay and leave on satisfying the criteria for completion of the Residency Program.

6. Probation A resident may be placed on probation within a training year by a program director because of inadequate or unsatisfactory performance. Normally, a resident would have had prior notification (see Records above) before taking this action. Any action placing a resident on probation shall be reported immediately to the Associate Dean for Graduate Medical Education.

Specific deficiencies must be pointed out in writing to the resident who should be asked to sign the letter of probation and concur with the remediation plan, which must include assistance by the GME Ombudsman and the appointment of a mutually agreeable faculty advisor. Other remedial help as appropriate must be provided and a probationary period (typically three (3) months) specified. Monthly evaluations of performance should be kept by all supervisors and must be reviewed by the program training committee and/or the program director on completion of the probationary period.

A decision of reinstatement/advancement, or extension of the probationary period, retention at the same level, or of dismissal must be made on the basis of the resident's performance with adequate documentation of the basis for the decision. Such documentation must be reviewed and acknowledged by the resident. Residents retained at the same level of training do not advance in stipend level.

7. Dismissal

A resident may be dismissed because of inadequate performance (as outlined above) and/or because of unethical or clearly negligent conduct. Dismissal shall be the decision of the Associate Dean for Graduate Medical Education on the recommendation of the program director, the department chairman or division director, as appropriate; with appropriate consultation (faculty, hospital, Human Resources, & University General Counsel.)

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 5 of 9

III. Personnel Records

Personnel files on active residents are maintained in the department or division with all relevant documentation. A parallel file is maintained in the Graduate Medical Education Office. Since there are frequent requests from hospitals when former residents request staff appointment and privileging, the program director will, at completion or termination of training, provide and sign a summary report of the resident's performance during residency which will be forwarded to requesting Institutions by the Academic Records Office of the School of Medicine following receipt of a request and a release of information form signed by the resident. This Final Evaluation Form is shown in Section 2.2. Additional information specific to the residency may be appended. Such information may include numbers and type and degree of participation in surgical procedures, etc. At the completion of the residency or on separation, the departmental resident's file together with the Final Evaluation Form (Section 2.2) is forwarded to the Graduate Medical Education Office. The two files are merged and forwarded to the Academic Records Office for permanent filing.

IV. Evaluation and Record Keeping for Fellows

Evaluation of fellows is to be performed at least semi-annually by the program director and his/her staff. **It is the responsibility of the program director to design the appropriate program and evaluation form.** The program director is responsible to communicate and discuss with each fellow the assessment of his/her performance and to maintain a record of the evaluations for each fellow. The record should be accessible to the fellow. The fellow is expected to co-sign each evaluation to indicate he/she has received it and has had an opportunity to discuss it with the faculty and/or program director. Concerns about unsatisfactory performance should be communicated in writing as soon as possible with suggestions for improvement. A fellow may be dismissed because of inadequate performance and/or because of unethical or clearly negligent behavior. Dismissal should be the decision of the Associate Dean for Graduate Medical Education on the recommendation from the program director and the department chairman, with appropriate consultation.

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 6 of 9

A personnel file is maintained in the department with all relevant documentation. A parallel file is maintained in the Graduate Medical Education Office, as appropriate. At the time of completion of the fellowship or separation, the two files are merged and forwarded to the Registrar's Office for permanent filing. **A final letter of evaluation (or Final Evaluation Form) from the program director will be forwarded with the file.** This letter will be forwarded to requesting institutions by the Academic Records Office following such request and a release of information form signed by the fellow.

V. Appointments and Stipends

Contract information is presented in Section 4. Specimen letters of appointment are presented. All residents and fellows shall sign the appropriate letter. All residents will receive their stipends from the Saint Louis University payroll system. The University will be reimbursed by affiliated hospitals and individual departments as appropriate. The stipend status of fellows in various categories is presented in Section 5.

It is a School of Medicine Graduate Medical Education Policy that reappointments to a training program be on the basis of demonstrated progress through the goals and objectives of the appropriate year level of the Program and/or towards appropriate specialty or subspecialty board certification as evaluated by the faculty, documented by the Program Director, and regularly shared with the trainee. Program Directors must provide both trainee (resident, subspecialty resident or fellow) and the GME Office six (6) months written notice of intent to not renew a trainee's appointment. Graduate Medical Education trainees notified of the intent to not renew their appointment must be allowed full access to due process and the Ombudsman Program (below).

VI. Malpractice Insurance

In order to provide the complete education and training experience established by the certifying board of the specialty, programs at Saint Louis University School of Medicine involve more than one institution in various types of settings. The affiliation network of health care facilities which has been developed for the graduate medical education programs is so structured as to provide the experiences required by the ACGME for program accreditation. Thus our residents rotate through many health care institutions.

During the course of rotations, professional liability insurance is provided to the residents and fellows. Such malpractice coverage is provided primarily by the Saint Louis University Self-Insurance Program as detailed in the Health Professional Letter of Indemnity. This is true in all rotations of residents with the following exceptions:

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 7 of 9

1. During rotation through Forest Park Hospital, Forest Park Hospital provides professional liability insurance coverage,
2. During rotation through St. John's Mercy Medical Center, St. John's provides professional liability insurance coverage,
3. During rotation through the Veteran's Affairs Medical Center, the Tort Claims Act of the Federal Government provides professional liability insurance coverage.
4. During assignment at Cardinal Glennon Children's Medical Center, professional liability insurance coverage is provided by SSM Self-Insurance Program.
5. OB GYN residents at St. Mary's Health Center, professional liability insurance coverage is provided by SSM Self-Insurance Program.

During assignment at Scott Air Force Base, or Saint Louis University Hospital, professional liability insurance coverage is provided by the Saint Louis University Self Insurance Program. The cost of providing medical liability coverage is reimbursed to Saint Louis University by the affiliated institution through which the resident is rotating. Should there be any indication of potential medical liability or malpractice, the resident and the program director should immediately contact the Director, Medical Legal Services Department at Saint Louis University Health Sciences Center. Failure to do so may adversely affect coverage.

On rotation through any of the other hospitals, the resident or fellow should immediately inform the director of education for the residency program rotation of any potential medical liability or malpractice concerns. That individual will inform the appropriate person at the affiliated hospital and will inform the Director of the Medical Legal Services Department at Saint Louis University.

VII. Ombudsman Program

The Ombudsman for Graduate Medical Education is a resource for the trainee. The Ombudsman is knowledgeable about University Processes and Graduate Medical Education. He/She is an impartial, confidential resource for the trainee when having disputes or problems. The services include investigation, listening, coaching, and offering problem-solving options. The Ombudsman does not have the authority to make decisions but can inform and refer the trainee to the person having that authority. The Ombudsman may also assist the trainee in accessing resources to help with adjustment and transition issues associated with training. To confidentially contact the Ombudsman, call (314) 977-9851. (See PP 8.4)

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 8 of 9

VIII. Saint Louis University Residents Association(SLURA)

The organization was designed to give residents a voice in the decision making of the School of Medicine and Clinical Departments regarding residency programs and practices that directly affect the trainee's education and life while a resident/fellow. SLURA provides input and helps guide the decisions that are made about the training programs, acts as an advocate for residents in any matters that need to be addressed with specific programs, departments or hospitals' administration (anonymously if need be), organizes informational meetings of general interest to residents, and works to increase positive publicity for our School's residency programs. There are four (4) resident voting positions on the Graduate Medical Education Committee that are filled by representatives from SLURA. Specific information regarding SLURA, its officers, meetings, and their minutes can be found at their website (www.medschool.slu.edu/slura/).

XI. Residents' Code of Professional Conduct

Saint Louis University School of Medicine, in sponsoring graduate medical education, strives to develop a professional ethic based on personal responsibility. The Code of Professional Conduct establishes minimum expectations of professional conduct. A violation of the Code of Conduct occurs when a resident acts contrary to the values and responsibilities expected of those engaged in the practice of medicine. The Code of Professional Conduct outlines the procedures to respond to infractions. Allegations not resolved by the clinical department or the Ombudsman will be referred to the Graduate Medical Education Professional Conduct Council. The Graduate Medical Education Professional Conduct Council is empowered to investigate violations of the Code of Professional Conduct and to recommend sanctions or remediation. A resident's failure to comply with any recommended sanctions under the Code may result in further disciplinary actions up to and including dismissal.

X. Changes in Program Size or Closure

Whenever a Program is considering a change in the number of trainees at any year level of the Program, the Program Director must notify the GMEC, and complete the Residency Program Assessment Tool or provide similar justification. Any changes in number of trainees, either an increase or a decrease (including closure of the Program) must be communicated to current trainees in writing. While not anticipated, the School of Medicine requires that Programs with approved plans to decrease the number of trainees or close the Program must allow trainees already in the Program to complete their training, or will assist the trainees in enrolling in ACGME accredited programs to continue their training.

Section 2 Operation of Programs	Date Revised: February 2001, July 2002, February 2008, April 2010, August 2012, May 2013, September 2014
2.1 Operation of Residency and Fellowship Programs	Page 9 of 9

XI. Grievances and Due Process

Residents are informed in their letter of appointment that any misunderstanding or dispute involving a graduate trainee is to be resolved by and within the clinical departments. The GME Ombudsman is available to assist any trainee through this process. Concerns about systematic and fair application of GME policies and procedures may be brought to the representatives of SLURA.

If a resident or fellow believes, however, that any such matter has not been handled reasonably, recourse is available from administration of the School of Medicine through the Dean's Office. The resident will first grieve to the Program Director via the Clinical Competency Committee, then the Departmental Chair. The Associate Dean for Graduate Medical Education or designee will review the situation, meet separately with the trainee and the Program Director, review all Program and performance documentation, and either reverse or uphold the decision made at the departmental level or may recommend to the Dean that a hearing be held. Such a hearing would be held by a committee of the faculty external to the Program and Department, appointed by the Dean, who may prescribe such rules for the conduct of the hearing as may be necessary. If dismissal is the issue, prior to the hearing the resident shall be advised of the basis for the proposed dismissal. At the hearing, the trainee shall be afforded opportunity to make such statements and present such evidence as may be desired in reflection of the concerns documented and adverse action recommended. The determination of the committee shall be transmitted to the Associate Dean for Graduate Medical Education, whose ruling on the decision shall be final.

This process is separate, distinct, and in addition to any proceeding associated with the Code of Professional Conduct.

XII. Completion of Training

At the end of the PG-1 year and upon the satisfactory completion of residency or fellowship training, or satisfactory completion of the time of appointment, a certificate will be issued indicating that the resident or fellow has satisfactorily completed the residency or fellowship program. A Final Evaluation Form (see Section 2.2), must be completed for residents and a final letter must be completed for fellows prior to issuance of the terminal certificate. Each Program should assure that their residents are familiar with the appropriate Board Requirements, and provide them a written policy consistent with their RRC Program Requirements regarding the effects of educational delay and leave on satisfying the criteria for completion of the Residency Program.